

## BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS



2535 CAPITOL OAKS DRIVE, SUITE 300, SACRAMENTO, CA 95833-2926 MAILING ADDRESS: P. O. BOX 349002, SACRAMENTO, CA 95834-9002 TELEPHONE: (916) 263-2222 CALNET: 8-435-2222 FAX: (916) 263-2246 or (926) 263-2221

## **CONSUMER COMPLAINT**

Name of individual and license/registration number, if known		Your name		
Street Address		Business name, if any		
City, State, Zip Code		Street Address		
Daytime Telephone	FAX Number	City, State, Zip Code		
Pager Number	Cellular Phone Number	Daytime Telephone	FAX Number	Pager Number
3. SUBJECT PROPERTY	' <b>ADDRESS</b> (if different fro and/or county.	Evening Telephone  m answer # 2) and		Phone Number  of property
3. SUBJECT PROPERTY	•	-		
location. Include city a	•	m answer # 2) and	or description	of property
3. SUBJECT PROPERTY location. Include city a	and/or county.	m answer # 2) and  5 AND DECLAR  Please do not write	PATION ON I	of property

addresses, phone numbers)? City maps, contracts, etc. If there is no	Be specific. What happened? Who else is involved (names, or county? Give dates and details. Include copies of plans, or written contract, write down the details of the agreement.  Inplete as possible. See "How to File a Complaint" for more details.)
5. WHAT DO YOU WANT THE BO	ARD TO ACCOMPLISH IN RESOLVING YOUR COMPLAINT?
6. DECLARATION	
	that the information contained in this complaint, including any ct to the best of my knowledge and belief.
Signature	Date
tiveness of the different methods v	ned this form. This information will help us evaluate the effec- we use to inform consumers of the services provided by the nal Engineers and Land Surveyors. Thank you.